

L15000171291

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Certified Copies _____

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LLC

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W15-605-61

FILED
15 OCT -7 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT 8 15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Good Time Charlie LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen Sclafani
Name of Person
Good Time Charlie LLC
Firm/Company
997 South Palafox Street (2nd Floor)
Address
Pensacola, FL 32502
City/State and Zip Code
scubastephen500@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Sclafani 727 641-4572
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 OCT -7 PM 2:14
DIVISION OF CORPORATIONS

September 15, 2015

STEPHEN SCLAFANI
997 SOUTH PALAFOX STREET (2ND FLOOR)
PENSACOLA, FL 32502

SUBJECT: GOOD TIME CHARLIE LLC
Ref. Number: W15000060561

We have received your document for GOOD TIME CHARLIE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II

Letter Number: 215A00019416

9/15/15

CORPORATE DETAIL RECORD SCREEN

11:49 AM

NUM: P07000126735 ST:FL ACTIVE/FL PROFIT

FLD: 11/27/2007

LAST: REINSTATEMENT

FLD: 02/26/2015

FEL#: 36-1495813

NAME : GOODTIME CHARLIE'S, INC.

PRINCIPAL: 4030 W. WATERS AVE

ADDRESS TAMPA, FL 33614

RA NAME : DIAZ, JOSEPH L

RA ADDR : 2522 WEST KENNEDY BOULEVARD

TAMPA, FL 33609 US

ANN REP : (2013) W 03/31/13 (2014) W 02/26/15 (2015) W 02/26/15

9/15/15

OFFICER/DIRECTOR DETAIL SCREEN

11:49 AM

CORP NUMBER: P07000126735 CORP NAME: GOODTIME CHARLIE'S, INC.

TITLE: D NAME: HOWELL, MARTHA J

4030 W. WATERS AVE

TAMPA, FL 33614

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Good Time Charlie Consulting LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

997 South Palafox Street (2nd Floor)
Pensacola, FL 32502

Mailing Address:

997 South Palafox Street (2nd Floor)
Pensacola, FL 32502

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Stephen Sclafani

Name

997 South Palafox Street (2nd Floor)

Florida street address (P.O. Box **NOT** acceptable)

Pensacola

FL

32502

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Su/Su

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Stephen Sciafani

997 South Palafox Street (2nd Floor)

Pensacola, FL 32502

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

STEPHEN SCIAFANI

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)